

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

AUG 26 2008
AUG 26 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Jose Cruz,
Plaintiff

vs.

08CV4873

JUDGE DOW

MAGISTRATE JUDGE NOLAN

Roger Walker,
Director Of the Illinois Department of Corrections-Defendant
Sherry Benton,
Administrative Review Board Chairperson-Defendant
David Lingle,
Adjustment Committee Chairperson at Pontiac C.C.-Defendant
Anabelle Motteler,
Adjustment Committee Staff Member at Pontiac C.C.-Defendant
Dennis Cross,
Correctional Officer at Stateville C.C.-Defendant
John Doe 'A'-1,
Unknown Correctional Officer at Stateville C.C.-Defendant
John Doe 'A'-2,
Unknown Correctional Officer at Stateville C.C.-Defendant

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983

I. Preliminary Statement

1) This is a Civil Rights action filed by Jose, Cruz, pro-se, a state prisoner, for damages, and injunctive relief under 42 U.S.C. Section 1983 alleging excessive use of force, and denial of medical care in violation of the 8th and 14th Amendments to the United States Constitution and procedural due process in violation of the due process clause of the 14th Amendment to the United State's Constitution. The Plaintiff also alleges the torts of assault, and battery.

II. Jurisdiction and Venue

2) This court has Jurisdiction over this action under 42 U.S.C. Section 1983. Jurisdiction also lies under 28 U.S.C. 1343(3), and (4).

3) This Court has supplemental jurisdiction over the plaintiff's state law claim under 28 U.S.C. Section 1367.

4) Plaintiff's claim for injunctive relief are authorized by 28 U.S.C. Section 2283, and 2284, and Rule 65 of the Federal Rules of Civil Procedures.

5) The Northern District of Illinois, Eastern Division is an appropriate venue under 28 U.S.C. Section 1391(b)(2),

because it is where the events giving rise to this claim occurred.

III. Plaintiff

6) Plaintiff, Jose Cruz, is and was at all times mentioned herein a prisoner of the State of Illinois in the custody of the Illinois Department of Corrections. He is currently confined in Hill Correctional Center in Galesburg, Illinois.

IV. Defendants

7) Defendant, Roger Walker, is the Director of the Illinois Department of Corrections of the State Of Illinois. He is legally responsible for the overall operations of the Department of Corrections, and each institution under its jurisdiction, including Stateville C.C., and Pontiac C.C.

8) Defendant, Sherry Benton, is the Administrative review Board Chairperson, office of Inmate Issues, Department of Corrections. Her responsibility is to investigate matters involving inmates, and the administration, dealing with disciplinary affairs.

9) Defendant, David Lingle, is the Adjustment Committee Chairperson at Pontiac C.C. His responsibility is to review, and investigate matters involving inmates; interview witnesses on both sides, check video, and audio tapes; written reports; recommend disciplinary actions against inmates, and give a basis for their decisions.

10) Defendant, Anabelle Motteler, is a staff member of the Adjustment Committee, at Pontiac C.C. Her responsibility is to review, investigate, interview witnesses, and conduct hearings pertaining to inmate matters. And recommend disciplinary actions against inmates, and give a basis for their decision.

11) Defendant, Dennis Cross, is a Correctional Officer of the Illinois Department of Corrections at Stateville C.C., who at all times mentioned in this complaint, held the rank of a Correctional Officer, and was assigned to the NRC building, in B-Unit at Stateville C.C. at the time of the incident.

12) Defendant, John Doe'A'-1 is a 1st shift unknown Correctional Officer at Stateville C.C., whose name is presently unknown to plaintiff. Who at all times in this complaint held the rank of Correctional Officer.

13) Defendant, John Doe'A'-2 is a 1st shift unknown Correctional Officer at Stateville C.C. whose name is presently unknown to plaintiff. Who at all times in this complaint held the rank

of Correctional Officer.

14) Each Defendant is sued individually. At all times mentioned in this complaint, each defendant(s) acted under the color of State Law.

FACTS

V. Denial of Medical Care

15) On October 18, 2006 while at Stateville C.C., NRC building, housed in the B-Unit, plaintiff made numerous requests to see a psychiatric doctor, or other medical staff. These requests were made by plaintiff, because he had not been receiving his prescribed psychotropic medication. These requests were made to Correctional Officer(c/o) Dennis Cross #2625. C/o Cross refused plaintiff's requests for medical attention, and then refused plaintiff's request to speak with his supervisor.

16), During this time lunch was then served. Once feeding was finished the trays in which lunch was served were being collected. At this point, when plaintiff was asked for his tray, in hopes of bringing the attention of someone other than c/o Cross who was being of no help to plaintiff's medical issues, plaintiff refused to hand over his tray. Despite numerous requests for the tray by c/o Cross, plaintiff refused, in hopes of speaking with "anyone" else that may be of assistance in getting plaintiff's much needed medication.

17) At this point c/o Cross became visibly agitated at plaintiff, and started to verbally assault, and threaten plaintiff.

18) When these verbal outbursts did nothing to obtain the lunch tray from plaintiff, c/o Cross then opened the cell door to the cell where the plaintiff was at the time confined. Once the door was open, c/o Cross continued his appearance of intimidation by first slowly putting his black gloves on, and withdrawing his handcuffs, while continuing his verbal barrage on plaintiff.

19) Plaintiff remained standing in the middle of the cell in a ~~sub~~missive fashion in order to not further provoke c/o Cross. Yet, still requesting his much needed medical attention.

Misuse of Force

20) Then, without provocation, c/o Cross attacked plaintiff with his handcuffs in hand, using them as a weapon. He proceeded to strike the plaintiff about the head causing injury to plaintiff,

and as plaintiff attempted to block further blows, he also sustained further injuries to his hand.

21) When these defensive maneuvers were proving useless to plaintiff to fend off c/o Cross, and his makeshift weapon (handcuffs), plaintiff then utilized his lunch tray to block further blows by c/o Cross. This seemed to further irritate c/o Cross as he intensified his assault on plaintiff. Then, plaintiff's adrenaline induced instinct for survival led him to swing the lunch tray at c/o Cross, striking him about the head area. When this finally caused c/o Cross to back up, plaintiff then started calling for help. This again seemed to irritate c/o cross, and he then renewed his attack on plaintiff by grabbing him by the neck, and squeezing, as if to strangle plaintiff, and prevent him from calling for help. With c/o Cross' hands around plaintiff's neck, plaintiff let loose the lunch tray, and began to frantically swing at c/o Cross in an attempt to free himself.

22) When c/o Cross did finally release his grip on plaintiff's neck, plaintiff then began to yell again for help, and attempted to flee the cell. C/o Cross then grabbed plaintiff about the waist, and upper leg area to keep plaintiff from fleeing. Plaintiff and c/o Cross, during this wrestling act, moved outside of the cell.

23) At this point other officers(at least two) arrived at the scene, and restrained plaintiff by handcuffing him behind his back while on the floor, and then macing him. Then during this time, while plaintiff was already restrained, and maced, the other officers continued a physical assault on plaintiff.

24) These other officers then dragged plaintiff to a holding area where the tactical team arrived with a camcorder to video tape the plaintiff. Plaintiff was then escorted to the shower area to rinse the chemical agent used in the macing off him. He was then dressed, and taken to see medical staff. During this whole time that the tactical unit was there, all events were video recorded. After these events, plaintiff was then transferred to Pontiac C.C.

Denial of Due Process

25) For the next 11 days, plaintiff was kept confined

in segregation at Pontiac C.C without any correspondence, or contact with family, or administrators from Pontiac C.C.

26) On October 29, 2006, Internal Affairs Officers did attempt an interview with plaintiff regarding the events that had previously taken place at Stateville C.C., NRC building. Their first remarks to plaintiff were to the effect that c/o Cross was banged up pretty bad. At this point plaintiff, in fear of incriminating himself asked to speak to a lawyer, and refused to sign any papers.

27) For these occurrences, plaintiff was not only disciplined for events while at Stateville C.C., NRC building, but he also received disciplinary sanctions from Pontiac C.C. for utilizing his rights.

28) Plaintiff received a disciplinary report for the violent assault of any person-100, for the events which occurred on 10/18/06 with c/o Cross. (exhibit-A) Plaintiff then stood before the hearing committee at Pontiac C.C. (David lingle/Anabelle Motteler), and was found guilty of this charge, despite his claims of self-defense as is evidenced by defensive wounds incurred (exhibit-B); inmate eye witness (exhibit-I); and plaintiff's requests that security video be viewed. This disciplinary conviction received the sanctions of: 1 year C-Grade/ Indeterminate Segregation/ Revoke GCC or SGT 1 Year/ 6 months Contact Visits Restrictions/ 6 months commissary restriction/ 6 months Audio/visual restrictions.

29) Plaintiff then challenged this finding of guilt, and continued his claims of self-defense by utilizing the Inmate Grievance process available at Pontiac C.C. (exhibit-C)

30) Plaintiff also wrote to the Director of the Illinois Department of Corrections informing him of the injustices he was enduring, and asked that he also look into the plaintiff's allegations of excessive force. (exhibit-F)

31) Plaintiff, on 1-24-07 had a video conference with Sherry Benton, Administrative Review Board Chairperson, in regards to the grievance filed by plaintiff. Sherry Benton also upheld the guilty finding of plaintiff based on the grounds (in part) of "review of all information" without listing what "information" was actually reviewed. (exhibit-H) Because nowhere in any paperwork or findings has

plaintiff seen that video, or witnesses were called on his behalf or that anything other than the officer's (c/o Cross) word was relied upon.

Additional Facts

32) Only recently, on 5-1-08, did plaintiff speak with an investigator from Springfield (Frank Squires #15011) concerning this incident. Mr Squires' response to plaintiff's claim of self-defense, and excessive force used by c/o Cross, and that video would substantiate these claims, was that the tapes were probably destroyed. Plaintiff has had no further contact with Mr. Squires at this point.

VI. Exhaustion of Remedies

33) Plaintiff, Jose Cruz used the prisoner grievance procedure available at Pontiac Correctional Center to try and solve the problem. On November 18, of 2006, plaintiff Jose Cruz wrote an eight page Illinois Department of Corrections Committed Persons Grievance (please see exhibit-C).

34) Plaintiff Jose Cruz filed the grievance and sent it to the Administrative Review Board which has jurisdictional authority over matters. It was sent from Pontiac Correctional Center on December 4, of 2006. (please see exhibit-D)

35) Plaintiff also sent a copy of his grievance to the Director of the Illinois Department of Corrections, Roger Walker, with a letter asking for a fair, and proper investigation. He sent the grievance with the letter together. It was sent from Pontiac Correctional Center on December 27, 2006. (Please see exhibit-G)

36) Plaintiff also sent a copy of his grievance concerning this incident to Brian Fairchild who works for the Department of Corrections Inmate issues. (please see exhibit-E)

37) As a result, Plaintiff has never heard, or received a response from the Director of the Illinois Department of Corrections.

38) On January 24 of 2007, Plaintiff had a video conference with Sherry Benton, Administrative Review Board Chairperson, office of inmate issues. Plaintiff explained the denial of medical attention and excessive use of force and asked for an investigation to review Cameras and that officer Dennis Cross falsified his report. (please see exhibit-H)

39) Plaintiff Jose Cruz' grievance was heard, but his allegations were denied.

40) Plaintiff Jose Cruz, presented the fact relating to this complaint on January 24 of 2007.

41) Plaintiff Jose Cruz was sent a response that the grievance was denied. (Please see exhibit 4)

42) No procedure for appeal available. Grievance procedure was completed.

43) Plaintiff Jose Cruz exhausted all administrative remedies.

VII. Claims for Relief

44) The failure, and denial of c/o Cross to notify medical staff to the needs of plaintiff regarding his psychotropic medications constitute deliberate indifference to medical need, violated plaintiff Jose Cruz's rights and constituted cruel and unusual punishment under the Eighth Amendment to the United State's Constitution.

45) The actions of the defendants Dennis Cross, John Doe 'A'-1, and John Doe 'A'-2, in using excessive force against the plaintiff without need or provocation or failing to intervene to prevent the misuse of force. Were done maliciously and sadistically, and constituted cruel and unusual punishment in violation of the eighth Amendment to the United State's Constitution, and violation of the Fourteenth Amendment to the United States Constitution.

46) The actions of defendant(s) Cross, and other officers at Stateville (John Doe 'A'-1, and A-2) in using physical force against the plaintiff without need or provocation constituted the tort of assault, and battery.

47) The actions of defendant's David Lingle, and Anabelle Motteler in refusing to call witnesses, and view evidence requested by the plaintiff, finding him guilty of assault with no evidence to support the charge, and ignoring contrary evidence to the charge, and providing an inadequate written disposition of the charges denied the plaintiff Jose Cruz's rights constituted a due process violation under the Fourteenth Amendment to the United State's Constitution.

48) The actions of defendant Roger Walker in failing to take disciplinary or other actions to curb the known pattern of physical abuse of plaintiff, and failure to investigate or review plaintiff's letter, and grievance, and his knowledge of plaintiff's complaint on excessive use of force, and procedural due process violations, constituted deliberate indifference, violated plaintiff Jose Cruz's

rights, and constituted a due process violation under the Fourteenth Amendment to the United State's Constitution.

49) The actions of defendant Sherry Benton, in refusing to overturn the plaintiff's disciplinary conviction, despite her knowledge of the above mentioned due process violations, constituted deliberate indifference, and further denied the plaintiff due process of law in violation of the Fourteenth Amendments to the United State's Constitution.

50) The Plaintiff has no plain, adequate, or complete remedy at law to redress the wrongs described herein. Plaintiff has been and will continue to be irreparably injured by the conduct of the defendants unless this court grants the declaratory and injunctive relief which plaintiff seeks.

VIII. Prayer for Relief

wherefore, plaintiff respectfully prays that this court enter judgement granting plaintiff;

A) Issue a declaration judgement stating that:

1) Defendant Dennis Cross' actions in failing to alert staff in order to provide adequate medical care for the plaintiff violated the plaintiff's rights under the Eighth Amendment to the United States Constitution.

2) The physical abuse of plaintiff by defendants Dennis Cross, and John Doe 'A'-1, and 'A'-2 violated the plaintiff's rights under the Eighth Amendment to the United State's Constitution, and Fourteenth Amendment to the United State's Constitution, and constituted an assault, and battery under state law.

3) Defendants David Lingle, and Anabelle Motteler's actions in conducting the plaintiff's disciplinary hearing and defendant Sherry Benton's actions in sustaining its guilty verdict, violated the Plaintiff's rights under the Due Process clause of the Fourteenth Amendment to the United States Constitution.

4) Defendant Roger Walker in failing to take disciplinary, or other action to curb the known pattern of physical abuse, and failure to investigate a review, and his knowledge of the use of excessive use of force, and plaintiff's procedural due process. Violated the plaintiff's rights under the Due Process clause of the Fourteenth Amendment to the United State's Constitution.

B) Issue an injunction ordering defendant Roger Walker to:

1) Expunge the disciplinary convictions described in this complaint from the plaintiff's institutional record.

C) Award Nominal Damages in the following Amounts:

1) \$150.00 jointly, and severally against all defendants for violations of plaintiff's constitutional rights.

D) Award Compensatory damages in the following amounts:

1) \$50,000 against defendant Dennis Cross for psychological harm, emotional and physical injury resulting from his failure to provide adequate medical care to plaintiff.

2) \$100,000 against defendants Dennis Cross, John Doe'A'-1 and John Doe'A'-2, for the physical and emotional personal humiliation and injuries sustained as a result of plaintiff's beating.

3) \$250,000 jointly and severally against defendants David Lingle, Anabelle Motteler, Sherry Benton, and Roger Walker for the punishment, personal humiliation, and emotional injury resulting from their denial of due process in connection with plaintiff's disciplinary proceeding.

E) Award Punitive Damage in the following amounts:

1) \$20,000 each against defendants Dennis Cross, John Doe'A'-1, and John Doe'A'-2.

2) \$30,000 each against defendant Roger Walker.

3) \$15,000 each against defendant Sherry Benton.

4) \$10,000 each against defendants David Lingle, and Anabelle Motteler.

5) Plaintiff's cost in this suit.

Any other additional relief this court deems just, proper, and adequate.

DATED: 8/7/08

Respectfully Submitted

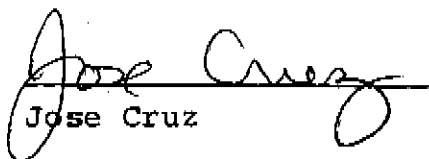


Jose Cruz #R12294
P.O. Box 1700
Galesburg, IL 61401

VERIFICATION

I have read the foregoing complaint and hereby verify that the matters alleged therein are true, except as matters alleged on information, and belief, and as to those I believe them to be true. I certify under penalty of perjury that the foregoing is true and correct.

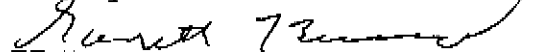
Executed at Galesburg, Illinois on 8/8/08.


Jose Cruz

Subscribed and sworn before me

8/7/08

Notary



Date



ATTACHED EXHIBITS

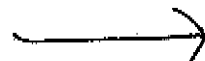
- 1) Exhibit A: 3 Pages
Disciplinary Report written by Dennis Cross and results from Adjustment Committee from Pontiac C.C.
- 2) Exhibit B: 3 Pages
Disciplinary report written by I/A and results from Adjustment Committee from Pontiac C.C.
- 3) Exhibit C: 7 Pages
Committed Persons Grievance
- 4) Exhibit D: 1 Page
Proof of date sent to A.R.B.
- 5) Exhibit E: 2 Pages
Copies of Letter from Brian Fairchild
- 6) Exhibit F: 1 Page
Copies of letter to Director Roger Walker
- 7) Exhibit G: 1 Page
Proof of date sent to Roger Walker
- 8) Exhibit H: 1 Page
Results from A.R.B.-Sherry Benton
- 9) Exhibit I: 26 Pages
Medical Records
- 10) Exhibit J: 3 Pages
Affidavit from Witness/cellmate

List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: 06 CV 3045
- B. Approximate date of filing lawsuit: 2006 OF August
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: DOES NOT Apply
- D. List all defendants: DOES NOT Apply
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Court OF Claims (Illinois)
- F. Name of judge to whom case was assigned: DOES NOT Apply
- G. Basic claim made: Compensation, Crime Victim Act
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): PENDING, until done with parole
- I. Approximate date of disposition: DOES NOT Apply

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

Pg. 1 OF 3





OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

Jose Cruz, #R12294
Pontiac Correctional Center
P.O. Box 99
Pontiac, IL 61764

February 20, 2007

Re: General Continuance for Claim 06cv3045

Dear Mr. Cruz:

At this time, there is no court date set for your appeal of the crime victim compensation claim. When you are released from the correctional facility, you must send your release documents and a request to re-set your hearing to the Illinois Court of Claims at the following address. Please include your crime victim number on your request. Once the Court confirms that you are no longer in a correctional facility, the Court will reschedule your court date.

Illinois Court of Claims
Crime Victim Compensation Claim
630 South College
Springfield, IL 62756

Thank-you for contacting the Office of the Attorney General. Good Luck.

Sincerely,

A handwritten signature in black ink, appearing to read "Corey", with a large, stylized flourish extending to the right.

Corey-Anne Gulkewicz
Acting Bureau Chief
Attorney General's Office
Crime Victims Compensation Division

PG. 2 OF 3

OFFICE OF
RONALD SERPICO
COMMISSIONER



STATE OF ILLINOIS

1807 N. BROADWAY
MELROSE PARK, IL 60160

(708) 343-8668
FAX: (708) 343-4670

COURT OF CLAIMS

May 9, 2008

Jose Cruz
IDOC #R12294
Hill Correctional Center
PO Box 1700
Galesburg, Illinois 61401

Re: Case No: 06 CV-³⁰⁴⁵~~61401~~

Dear Mr. Cruz,

This matter will be continued when you are released from Hill Correctional Center and are off parole. Please notify our office by writing when this occurs.

Sincerely,


Ronald M. Serpico

RMS/jlv

PG. 3 OF 3

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Jose Cruz,
Plaintiff

vs.

CASE NO. _____

Roger Walker

Director of the Illinois Department of Corrections-defendant

Sherry Benton,

Administrative review Board Chairperson-defendant

David Lingle,

Adjustment Committee Chairperson at Pontiac C.C.-defendant

Anabelle Motteler,

Adjustment Committee Staff Member at Pontiac C.C.-defendant

Dennis Cross,

Corrections Officer at Stateville C.C.-defendant

John Doe'A'-1,

1st shift unknown Correctional Officer at Stateville C.C.-defendant

John Doe'A'-2,

1st shift unknown Correctional Officer at Stateville C.C.-defendant

PROOF/CERTIFICATE OF SERVICE

TO:

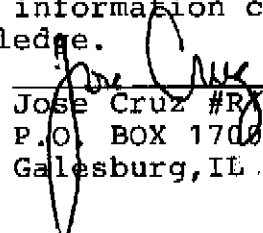
United States District Court
Northern District of Illinois Eastern Division
219 S. Dearborn St.
Chicago, IL 60604

Please Take Notice that on 8/14/08, I have placed the documents listed below in the institutional mail at Hill Correctional Center, properly addressed to the parties listed above for mailing through the United States Postal Service:

- 1) 1 Prisoner Correspondence form.
- 2) 1 Original 1983 Civil Rights Complaint (typewritten) with exhibits.
(For the Courts)
- 3) 1 Motion Appointment of Counsel Request
- 4) 1 Forma Pauperis Application and Financial Affidavit
- 5) 7 Copies, 1983 Civil Rights Complaint with exhibits for all defendants
- 6) 1 Copy 1983 Civil Rights Complaint with Exhibits to get sent by the Clerk with U.S. District Court Seal.

Pursuant to 28 USC 1746, 18 USC 1621 o5 735 ILCS 5/109, I declare under penalty of perjury, that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

Date: 8/14/08


Jose Cruz #R2294
P.O. BOX 1700
Galesburg, IL 61401

Page 7 of 10

Committed Person: CRUZ No. 212294 Facility: STATEVILLE N.C.

Class Demos #2625 1/10/06 Class 16:20:06 2/1
PRINT Employee's Name Employee's Signature/Date/Time

Observation: on about date an officer from while getting an inmate out for an interview this inmate was informed of the interview upon being called thru check hole on opening the cell door this officer was attacked by inmate PR02 R12294 with cuffs in hand on a foot tray striking this officer about the face on head. End of statement

Witness, if any: PAK Bailey, Mrs Miller, contact SPUCE

NOTE: Use continuation page if necessary to describe observation and/or list witnesses.

☒ Temporary Confinement ☐ Investigative Status Reasons: STOK ASSIST

PRINT Name M. ZAPC Shift Supervisor's Signature and Date [Signature]

☒ **Confinement Reviewed by Reviewing Officer**

Comment: Mr. C. J. [Signature]

PRINT Name: Michael B. Stodolski Signature/Date: Michael B. Stodolski 10/20/01

☒ MAJOR, submitted to Adjustment Committee ☐ MINOR, submitted to Program Unit

PRINT Name: C. Johnson Reviewing Officer's Signature and Date: [Signature] 10/23/01

Reviewed by Hearing Investigator: JOHNSON PRINT Name: JOHNSON Signature and Date: [Signature] 1/1/19

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical materials such as records or documents.

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

Committed Person's Signature and Number Committed Person Refused to Sign ☒

J. Selvidge 3368 10-26-06 / 11:53 PM

PRINT Serving Employee's Name Date and Time Served

[Signature] [Signature]

Serving Employee's Signature [Signature]

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Exhibit A 1073

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: CRUZ, JOSE

IDOC Number: R12294

Race: HSP

Hearing Date/Time: 11/3/2006 10:50 AM

Living Unit: PON-N-06-31

Orientation Status: N/A

Incident Number: 200604166/1 - PON

Status: Final

Date	Ticket #	Incident Officer	Location	Time
10/18/2006	200604166/1-PON	CROSS, DENNIS	STA-NORTHERN REC. & CLASS.	10:15 AM

Offense	Violation	Final Result
100	Violent Assault Of Any Person - Staff <i>Comments: STRUCK R/E ON FACE/HEAD W/LUNCH TRAY</i>	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
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No Witness Requested

RECORD OF PROCEEDINGS

REPORT READ - THE OFFENDER SUBMITTED A WRITTEN STATEMENT INDICATING HE REFUSED TO GIVE THE OFFICER HIS LUNCH TRAY IN ORDER TO SPEAK TO A LIEUTENANT AND WHEN THE OFFICER OPENED THE DOOR THE OFFICER CAME AT HIM WITH HIS CUFFS USING THEM AS BRASS KNUCKLES STRIKING HIM ON HIS HEAD, SO HE USED THE LUNCH TRAY IN DEFENSE AGAINST THE OFFICER STRIKING HIM IN THE HEAD WITH THE TRAY. THE OFFENDER CONTINUED TO WRITE THAT HE DID NOT RECEIVE MEDICAL ATTENTION UNTIL HE ARRIVED HERE AT PONTIAC. THE OFFENDER MAKES REFERENCE TO A WITNESS IN HIS WRITTEN STATEMENT, BUT DID NOT IDENTIFY ANYONE BY NAME AND NUMBER.

BASIS FOR DECISION

BASED ON THE OBSERVATION OF THE REPORTING EMPLOYEE THAT OFFENDER CRUZ ATTACKED HIM WHEN HE OPENED THE CELL DOOR BY USING HANDCUFFS AND LUNCH TRAY, STRIKING THE OFFICER ABOUT THE FACE AND HEAD; THE ATTACHED DC-434 SUBSTANTIATING THE INCIDENT; AND THE OFFENDER'S PARTIAL ADMISSION OF GUILT CONTAINED IN HIS WRITTEN STATEMENT WHEN HE INDICATED THAT HE DID STRIKE THE OFFICER IN THE HEAD WITH HIS LUNCH TRAY; THE COMMITTEE IS SATISFIED THE VIOLATION OCCURRED AS REPORTED.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

1 Year CGrade
Indeterminate Segregation
Revoke GCC or SGT 1 Year
6 Months Commissary Restriction
6 Months Audio/Visual Restriction
6 Months Contact Visits Restriction

Basis for Discipline: NATURE OF OFFENSE

FINAL

1 Year CGrade
Indeterminate Segregation
Revoke GCC or SGT 1 Year
6 Months Commissary Restriction
6 Months Audio/Visual Restriction
6 Months Contact Visits Restriction

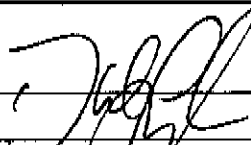

Signatures

Hearing Committee

LINGLE, DAVID A - Chair Person

MOTTELER, ANABELLE

Recommended Action Approved

	11/03/06	WHI
Signature	Date	Race
	11/03/06	HSP
Signature	Date	Race

Final Comments: N/A

Exhibit A 2 of 3

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE

FINAL SUMMARY REPORT

Name: CRUZ, JOSE

IDOC Number: R12294

Race: HSP

Hearing Date/Time: 11/3/2006 10:50 AM

Living Unit: PON-N-06-31

Orientation Status: N/A

Incident Number: 200604166/1 - PON

Status: Final

EDDIE JONES / PP 11/13/2006

Chief Administrative Officer

Signature

11/13/06

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person

When Served -- Date and Time

Exhibit A 3 of 3

11-812

State of Illinois—Department of Corrections
DISCIPLINARY REPORT

Page 1 of 1

☒ Disciplinary Report 10/29/2006 ☐ Investigative Report _____
Date _____ Date _____

Committed Person: Cruz, Jose No. R12294 Facility: Pontiac Correctional Center

Observation Date: 10/29/2006 Time: 09:26 ☒ am ☐ pm Location: North Cell House

J. Malnar _____ 10/29/06 09:42 ☒ am ☐ pm
PRINT Employee's Name Employee's Signature Date Time

Offense: ☒ A
504 ☐ B 110 Impeding Or Interfering With An Investigation
☐ C

Observation: This report is the result of an investigation to determine inmate Cruz R12294 actions in an incident that occurred while he was incarcerated at the Stateville Correctional Center. This investigator was attempting to perform an interview with Cruz at the North Cell House. This investigator informed Cruz of my name and that I was with Internal Affairs and was going to ask him questions about an incident that he was involved with at Stateville. Cruz stated that he did not have anything to say and refused to answer questions pertaining to the investigation. Cruz stated that he wanted his lawyer present and would not answer any questions. Cruz then refused to sign the interview sheet stating that he did not know

Witnesses, if any: _____

NOTE: Use continuation page if necessary to describe observation and/or list witnesses.

☐ Temporary Confinement ☐ Investigative Status
Reasons: _____

PRINT Name _____

Shift Supervisor's Signature _____
(For Community Correctional Centers, Chief Admin. Off.)

☐ Confinement Reviewed by Reviewing Officer Comments: _____

PRINT Name _____

Signature _____ Date _____

☒ MAJOR, submitted to Adjustment Committee

☐ MINOR, submitted to Program Unit

PRINT Name _____

Reviewing Officer's Signature _____ Date 10/29/06

☐ Reviewed by Hearing Investigator: _____
(Adult Division Major Reports Only) PRINT Name _____ Signature _____ Date _____

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

Committed Person's Signature _____ Number R12294

Committed Person Refused to Sign ☐

Sgt. K. Lisc 3174 _____
PRINT Serving Employee's Name Serving Employee's Signature

10-29-06 ☐ am ☐ pm
Date Time Served

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

RECEIVED
DEC 11 2006
OFFICE OF
INMATE ISSUES

2+h.b.i.f B 1073

State of Illinois—Department of Corrections

DISCIPLINARY REPORT

Page 2 of 2

☒ Disciplinary Report ☐ Investigative Report

Committed Person: Cruz, Jose No. R12294 Facility: Pontiac Correctional Center

Observation Date: 10/29/06 Time: 0926 ☒ am ☐ pm Location: North Cell House

Or understand what it was. Cruz was informed of the interview process and he still refused to sign the interview sheet. This investigator asked Lieutenant Todd to witness that Cruz was refusing to sign the form. Lieutenant Todd attempted to inform Cruz about the procedure, and Cruz again refused. Cruz has violated Departmental Rule 110 Impeding or Interfering with an Investigation when he refused to cooperate with an interview with Internal Affairs.

Inmate Cruz was identified by north cell house gallery chart along with Institutional Graphics.EOR-----

EXHIBIT B 2073

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INMATE ISSUES

**STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS
ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT**

Name: CRUZ, JOSE

IDOC Number: R12294

Race: HSP

Hearing Date/Time: 11/3/2006 10:54 AM

Living Unit: PON-N-06-94

Orientation Status: N/A

Incident Number: 200604148/1 - PON

Status: Final

Date	Ticket #	Incident Officer	Location	Time
10/29/2006	200604148/1-PON	MALNAR, JEFFREY S	NORTH HOUSE	09:26 AM

Offense	Violation	Final Result
110	Impeding or Interfering with an Investigation <i>Comments: REFUSED TO ANSWER QUESTION FOR INVEST.</i>	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
No Witness Requested			

RECORD OF PROCEEDINGS

REPORT READ - THE OFFENDER STATED THAT EVERYTHING IN THE REPORT IS ACCURATE.

BASIS FOR DECISION

BASED ON THE OBSERVATION OF THE REPORTING EMPLOYEE THAT OFFENDER CRUZ REFUSED TO ANSWER QUESTIONS ABOUT AN INCIDENT HE WAS INVOLVED IN AT ANOTHER INSTITUTION AND THEN REFUSED TO SIGN THE INTERVIEW SHEET; THE OFFENDER'S OWN ADMISSION MADE AT HIS HEARING THAT THE REPORT WAS ACCURATE; AND THE POSITIVE IDENTIFICATION OF THE OFFENDER BY GALLERY CHART AND INSTITUTIONAL GRAPHICS; THE COMMITTEE IS SATISFIED THE VIOLATION OCCURRED AS REPORTED.

DISCIPLINARY ACTION (Consecutive to any priors)**RECOMMENDED**

3 Months C Grade
3 Months Segregation
3 Months Commissary Restriction
3 Months Audio/Visual Restriction

Basis for Discipline: NATURE OF OFFENSE

FINAL

3 Months C Grade
3 Months Segregation
3 Months Commissary Restriction
3 Months Audio/Visual Restriction

Signatures**Hearing Committee**

LINGLE, DAVID A - Chair Person

MOTTELER, ANABELLE

Signature

11/03/06

WHI

Date

Race

Signature

11/03/06

HSP

Date

Race

Recommended Action Approved

Final Comments: N/A

RECEIVED

DEC 11 2006

**OFFICE OF
INMATE ISSUES**

EDDIE JONES / PP 11/13/2006

Chief Administrative Officer

Signature

11/13/06

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person

When Served -- Date and Time

Exhibit B 3 of 3

11-30-06 3:00pm by mail
4-212

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE

Date: <u>11/18/06</u>	Committed Person: <u>Jose Cruz</u> (Please Print)	ID#: <u>R12294</u>
Present Facility: <u>Pontiac Correctional Center</u>	Facility where grievance issue occurred: <u>STATEVILLE Correctional Center</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input checked="" type="checkbox"/> Other (specify) <u>EXCESSIVE FORCE</u>
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		

☒ Disciplinary Report: 10-118-106 STATEVILLE CORRECTIONAL CENTER
Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete. Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I JOSE CRUZ # R12294 Submit this Committed persons
Grievance to the administrative review board which has Jurisdictional
Authority over the matters Contained herein under Departmental Rule
504.F Section 504.870: Direct Review by Administrative Review Board (a)
offenders shall submit grievances directly to the Administrative Review
Board when grieving; (3) Decisions regarding Disciplinary proceedings
that were made at a facility other than the facility where the offender
is currently assigned. (4) Other issues (except personal property) issues
that pertain to a facility other than the facility where the offender
is currently assigned;

Relief Requested: I hereby submit the following Arguments, Contentions, -
Evidence, Affidavits, and authorities in support of this Committed
person's grievance to substantiate the redress of said grievance. THEN →

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Jose L. Cruz R12294 11/18/06
Committed Person's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: <u> / / </u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62794-9277
Response: _____ _____ _____ _____		
Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: <u> / / </u>	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
Chief Administrative Officer's Signature	Date

EXHIBIT C 1 of 7

1.) Departmental Rule 504A section 504.30 Preparation of Disciplinary Reports. (a) Every employee has the duty to observe the conduct of offenders. (b) If an employee observes an adult offender committing an offense, discovers evidence of its commission, or receives information from a reliable witness of such conduct, the employee shall promptly prepare a disciplinary report. However, if the infraction is one of those listed in the 400 Series in Table A and the employee determines a disciplinary report is not necessary to resolve the situation, the employee may orally reprimand the offender. (c) The disciplinary report must be fully completed. The reporting employee shall provide the following information to the extent known or available. (4) A written statement of the conduct observed.

I contend the following: (1) Correctional Officer Dennis Cross #2625 Did not observe the conduct written within the body of his Disciplinary Report. (2) Correctional Officer Dennis Cross #2625 withheld information from the body of his Disciplinary Report which he truly observed. (3) Correctional Officer Dennis Cross #2625 Falsified the Disciplinary Report intentionally to exclude his unprofessional conduct and also his unjustified actions of excessive use of force. (4) Correctional Officer Dennis Cross #2625 placed witnesses in the body of his DR 504 to have witnessed the DR 504 incident who never witnessed the alleged incident nor the incident of actual occurrence. (5) Correctional Officer Dennis Cross #2625 Used unnecessary and unwarranted force which held no penological purpose and did so with the intent to maim, injure or cause my death. Fully aware that he was violating my right to be free from abuse. (6) Correctional Officer Dennis Cross #2625 Violated procedural guidelines of moving and restraining segregated inmates. (7) Correctional Officer Dennis Cross #2625 Acted in a manner which is unbecoming of a State employee and it does reflect badly on the Department. In doing so he violated 730 ILCS 5/33-2-2 or 5/3-2-2 of The Unified Code of Corrections Committing the Criminal Offense of Official Misconduct.

2.) Departmental Rule 501.30 Resort to Force. (1) Correctional Officer Dennis Cross #2625 used more than the minimal - necessary force allowed to compel compliance with a lawful order given, due to no lawful order given at all. (2) Correctional Officer Dennis Cross #2625 had no authorization nor exigent or - emergency reason to enter my cell on 10-18-06. No one was in any danger within the cell. No threat nor danger was facing C/O Cross #2625 where it involved Property, him, nor I because no threat existed to force C/O Cross into any action therefore Officer Cross #2625 had no apparent reason to utilize my cell door key.

→ (3) I had no schedule nor emergency movements authorized to

2 of 3 Exh. B.1

EMERGENCY REVIEW	
Date Received: / /	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance. <input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	_____ Date

Dennis Cross #2625 for his badge number and some Committed Person's Grievance forms as well as the psych. doctor or Lieutenant Correctional Officer Dennis Cross #2625 then still refused. At meal time Correctional Officer Dennis Cross #2625 passed out trays. Upon Correctional Officer Dennis Cross's #2625 return to my cell for trays and throughout the day I ~~asked~~ asked C/O Cross #2625 for a psych. doctor repeatedly. As C/O Cross #2625 stood at my door asking me for the tray I told C/O Cross #2625 that I refused to give him the food tray unless I spoke to a psych. doctor or Lt. Correctional Officer Dennis Cross #2625 told me that he would get me a Lieutenant when he got a chance. I continued to sit on my bunk and refuse to give Correctional Officer Dennis Cross #2625 my food tray. C/O Cross #2625 then became upset and placed his state issued handcuffs over his knuckles in the form of brass knuckles as a weapon. He (C/O Cross #2625) then opened my cell door and entered my cell without a Sergeant, Lieutenant or above and without authorization and struck me in the head with the improvised brass knuckles of state issued handcuffs. C/O Cross #2625 was unaware that I had my tray in my hands behind my back to conceal it - from him. C/O Cross #2625 then repeated his initial motion trying to strike me across the head again. I then blocked this second ^(PUNCH) attack with the palm of my left hand causing myself to sustain ^(PUNCH) that was approximately a couple of millimeters deeper than a quarter inch. At this point after blocking C/O Cross's second blow to my head I utilized the state issued food tray to defend myself from sustaining further injury by striking C/O Cross twice in the head to get C/O Cross #2625 away enough for me to yell for help. At this point C/O Cross grabbed me by the throat and began choking me in a manner to try to either harm or kill me. I then dropped the food tray in panic to get C/O Cross off of me and then punched C/O Cross who was at this point choking me in his hand and began trying to yell again. C/O Cross then began to punch me in my body and wrestle me to slam me so that he could stomp me. In an attempt to stop this from happening I began to utilize the anger of C/O Cross #2625 by wrestling C/O back to ~~defend~~ defend myself from the punches and attempted slams. C/O Cross then as he got tired called a ten-ten on his radio and several other officers came to the scene of the alleged incident and began to ^{punch} ~~punch~~ and kick me. I was then restrained with handcuffs while in the restraints I was maced and beaten more. I cannot identify who was hitting me due to being sprayed with mace. I was then taken and thrown into a bullpen where I landed on my right shoulder. Stateville Tactical Response Team (extraction team "orange crush") came and took me to the healthcare unit. I was later transferred to Pontiac etc.

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE

Date: <u>11/18/06</u>	Committed Person: <u>Jose Cruz</u> <small>(Please Print)</small>	ID#: <u>R12294</u>
Present Facility: <u>Center Correctional Center</u>		Facility where grievance occurred: <u>Stateville Correctional Center</u>

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input checked="" type="checkbox"/> Other (specify) <u>EXCESSIVE FORCE</u>
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		

☒ Disciplinary Report: 10/18/06 Stateville Correctional Center
Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: Correctional officer Dennis Cross # 225 did commit the
above mentioned acts and Contentions by doing the following:
1) I submitted based my first Contention that C/O Dennis Cross # 225
did not observe the conduct reported within the body of his report on the
facts that (a) The allegations do not add up to procedural guidelines
due to C/O Cross stating "On above date and approximate time while -
getting an inmate out for an interview this inmate was informed of the -
interview and upon being cuffed thru the chubbok on opening the cell
book this officer was attacked by inmate Cruz R12294 with cuff in hand
and a food tray striking this officer about the face and head. end of statement
Witnesses:
Relay Reported: were listed as C/O K. Backy, Mr. Miller Central Services.
Procedural Guidelines for movement and restraint of Segregation offenders
two officers must be present.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Jose L Cruz R12294 11/18/06
Committed Person's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)	
Date Received: <u>1/1/07</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____ _____ _____ _____	
<small>Print Counselor's Name</small>	<small>Counselor's Signature</small>
<small>Date of Response</small>	

EMERGENCY REVIEW	
Date Received: <u>1/1/07</u>	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.	
<small>Chief Administrative Officer's Signature</small>	<small>Date</small>

EXHIBIT C 3072

Procedural guidelines outline that every officer has the duty to protect himself, others, and State Property from being harmed or damaged. ~~C/O Cross~~ does not indicate that C/O Bailey assisted in the alleged incident to fulfill his duty to assist ~~C/O Cross~~ to protect ~~C/O Cross~~ from this alleged assault.

Procedural Guidelines outline that C/O's are to utilize their emergency panic/officer assistance button located on their radio when in distress.

Procedural Guidelines outline that officers are to maintain the security of the facility. Correctional Officer Dennis Cross ~~2625~~ does not indicate any steps or actions taken by ~~himself~~ himself to comply with this guideline to restore institutional order.

~~Procedural Guidelines outline that officers are to maintain the security of the facility.~~
Correctional Officer Dennis Cross ~~2625~~ did not indicate that he tried to re-secure my door at any point during ~~this~~ ^{the} alleged incident.

Correctional Officer Dennis Cross ~~2625~~ wrote a vague Disciplinary Statement due to no justification being possible for the actions displayed by him and the other officers involved.

Correctional Officer Dennis Cross ~~2625~~ did not offer any explanation for why the alleged handcuffs were not properly secured and why he was not utilizing the Procedurally required lead chain for segregated offenders.

Correctional Officer Dennis Cross ~~2625~~ did not offer any explanation for why I even had a food tray in my possession due to the time-frame it is not common for an inmate to still have within his ~~possession~~ possession a food tray.

Correctional Officer Dennis Cross FAILED to Properly Report ~~the~~ the incident at question due to him submitting a five line unsubstantiated Disciplinary Report.

Evidence can corroborate my account of the incident by my injuries being consistent ~~with~~ ^{to} Defense Wounds such as the cut in the palm of my hand of which photographs were taken. A cut over my eye which officer Cross offered no explanation for as well as the various other injuries and foot prints that stand consistent with my account of the incident.

Correctional Officer Dennis Cross ~~2625~~ offers no explanation as to how C/O Miller was a witness when no camera is present at the location where the incident occurred and she or he was working Control Services.

I respectfully pray that this matter be investigated due to the lack of merit and/or factual basis for the incident.

COMMITTED PERSON'S GRIEVANCE

Date: <u>11/18/06</u>	Committed Person: <u>Jose Cruz</u> <small>(Please Print)</small>	ID#: <u>R12294</u>
Present Facility: <u>Polk Correctional Center</u>	Facility where grievance issue occurred: <u>Stateville Correctional Center</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Disability <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input checked="" type="checkbox"/> Other (specify): <u>Excessive force</u> <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator		
<input checked="" type="checkbox"/> Disciplinary Report: <u>10-18-106</u> <u>Stateville Correctional Center</u> <div style="display: flex; justify-content: space-between;"><div>Date of Report</div><div>Facility where issued</div></div>		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p> <p>Brief Summary of Grievance: <u>Correctional Officer Dennis Cross was offered not one account of the alleged incident to allow me proper presentation of the alleged conduct to stand within the due process minimal conduct. To afford me with a written statement of the alleged conduct to give me a chance to prepare my defense there by violation of the Constitutional Minimums of due process under Wolff v. McDonnell 443 U.S. 315, 41 B.L.R. 2d 935.</u></p> <p><u>Please see Investigative Reports, DC 434's, Photos and TRT camera recording to gauge the accuracy of my account of the incident in concert with such evidence.</u></p> <p>Relief Requested: <u>See last page of Grievance for relief requested.</u></p>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>Jose J Cruz</u> Committed Person's Signature		<u>R12294</u> ID#
		<u>11/18/06</u> Date
<small>(Continue on reverse side if necessary)</small>		

Counselor's Response (if applicable)	
Date Received: <u>1/1</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside Jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277
Response: _____ _____ _____ _____	
Print Counselor's Name	Counselor's Signature Date of Response

EMERGENCY REVIEW	
Date Received: <u>1/1</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature Date	

Exhibit C 4 of 7

Relief Requested:

- 1) Polygraph Test
- 2) Criminal Charges against C/O Cross # 26125
- 3) A proper investigation into the alleged incident.
- 4) Employee file be checked for past incidents of alleged assault.
- 5) Employee file Cross checked for Gang Affiliation.
- 6) Review of Camera, Pictures, and video tapes involving incident
- 7) Medical Records be submitted to A.R.B. as evidence
- 8) Witnesses questioned by A.R.B. about incident and asked the Submitted Questions under the Authority of 504.80 (H)(2).

X / *L. Cruz*
JOSE CRUZ # R12244

PREPARED BY EARNAL R. PEREZ R27580

Earnal R. Perez

Witness List.

C/O K. Bailey

C/O M. Miller

Chemical Agent Lieutenant

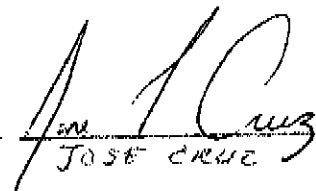
EXTRACTION TEAM MEMBERS WHO MOVED ME

C/O Dennis Cross #2625

Questions

- 1.) Were all procedural guidelines adhered to, on 10-18-06 Involving the alleged assault on C/O Dennis Cross #2625?
- 2.) Were ~~any~~ ~~of~~ you present during the alleged assault?
- 3.) Did you assist C/O Cross #2625 in restoring institutional order?
- 4.) Did you see C/O Cross handcuff I/M Cruz?
- 5.) Did you see I/M Cruz Assault C/O Cross #2625?
- 6.) What did you see on 10-18-06 Regarding the alleged incident?
- 7.) HAVE you discussed this incident with anyone?
- 8.) Did you file a DC 434 regarding the alleged incident?
- 9.) Did you see C/O Cross #2625 Place a lead chain on I/M Cruz?
- 10.) Did you see a second officer with C/O Cross?
- 11.) Could the incident have been handled any better?
- 12.) Was inmate Cruz Combative or injured when you arrived?

Signature X.


 J. Cruz
 JOSE CRUZ

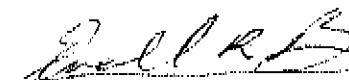

 E. R. BROWN

Exhibit C 5077

LIST OF EVIDENCE

- 1.) Photographs taken by Internal AFFAIRS IN THE AMOUNT OF
#1 PICTURES OF INJURIES.
- 2.) Video recording of Stateville extraction team.
#(1.) video in Armory.
- 3.) Medical Records of Injuries sustained during the incident.
- 4.) Reports made by Correctional Officers involved with incident
or who came in contact with me on that day after the -
Alleged incident.
- 5.) DC434's.

Signature X Jose Cruz #R12294
JOSE CRUZ #R12294

X EARNELL R. BROWN #R12580
EARNELL R. BROWN #R12580

EXH. B. 1-C 6 of 7

AFFIDAVIT OF AFFIRMATION UNDER PENALTY OF PERJURY

I, JOSE CRUZ # R12294, affiant, do hereby declare and affirm under penalty of perjury as defined in 735 ILCS 5/1-109, 28 USC 1746 or 18 USC 1621 that everything contained herein is true and accurate to the best of my knowledge and belief. I further declare and affirm that the contents of the foregoing document(s) is/are known to me and is/are accurate to the best of my knowledge and belief. Finally, I do declare and affirm that the matter at hand is not taken either frivolously or maliciously and that I believe the foregoing matter is taken in good faith.

Signed on this 18 day of November,
2006.

Jose J. Cruz
Affiant

X William R. Brown R27576
WILLIAM R. BROWN R27580

EXHIBIT C 7097

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Authorization for Payment

Posting Document # _____ Date 12/3/06

Offender Name JOSE CRUZ ID# R10294 Housing Unit N-515

Pay to _____ NORTH HOUSE

Address _____ GALLERY 5

City, State, Zip _____ CELL# 515

The sum of _____ dollars and _____ cents charged to my trust fund account, for the purpose of POSTAGE & MAIL going to the (A.R.B.), P.O. BOX 19277
SPRINGFIELD, IL 62794

☒ I hereby authorize payment of postage for the attached mail. ☐ I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature Jose L. Cruz (A.R.B.) ID# R10294

Witness Signature _____ 491087 DEC. 04. 2006

☐ Approved ☐ Not Approved Chief Administrative Officer Signature _____

Postage applied in the amount of _____ dollars and 24 cents.

Distribution: Business Office, Offender

Royal Extra Postage

Printed on Recycled Paper

DOC 0296 (Eff. 1/2006)
(Replaces DC 828)

1401 D 4:9'4x3

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender:

CRUZ

JOSE

R12294

Last Name

First Name

MI

ID#

Facility:

POH

☒ Grievance (Local Grievance # (if applicable): _____)

or

☒ Correspondence

Received:

12.11.06

Date

Regarding:

Discipline (10/18/06)

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☒ Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the counselor's response if applicable).
- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
- Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☒ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ / _____ / _____
Date
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by:

BRIAN FAIRCHILD

Print Name

Brian Fairchild

Signature

1.4.07

Date

Distribution: Offender; Inmate Issues

DOC 0070 (10/2001)
(Replaces DC 710-1274)

1701 (2011) 2107 3 719.4x3

Roger E. Walker Jr.
Director Of I.D.O.C.

12/25/06

Mr. Walker Jr.;
Director of the Illinois Department Of Corrections. I'm writing you this letter on my behalf. To see if you can review ticket #200604/66/1-PON & the copy of my grievance, that is included in this letter. That was written by Correctional Officer Dennis Cross #2625. As well as the results of the adjustment Committee - final summary.

I was given:

- * 1 year C grade
- * Indeterminate Segregation
- * Revoke GCE or SGT 1 year
- * 6 months Commissary Restriction
- * 6 months Audio/Visual Restriction
- * 6 months Contact Visit Restriction

On November 18th of 2006, I send a copy of this grievance out to the ARB.

I feel that the adjustment Committee, didn't interview witness, put evidence into consideration, or looked at my injuries or interviewed any body. Also the adjustment Committee didn't provide me with the time to prepare myself, with a continuance to prepare myself for a defense to provide my innocent in moans on this alleged incident. That I act on a manner

EX-1143
F 2072
(1 of 1)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Authorization for Payment

Posting Document # _____ Date 12/25/06Offender Name José Cruz ID# R12294 Housing Unit N-515Pay To: ROGER E. WALKER, JR. - Director of I.D.O.C.Address 1301 Concordia Court, P.O. Box 19277City, State, Zip Springfield IL 62794-9277

The sum of _____ dollars and _____ cents charged to my trust fund

account, for the purpose of Postage - Certified Mail☒ I hereby authorize payment of postage for the attached mail. ☐ I hereby request information on electronic funds transfers to be placed in the attached mail.Offender Signature José Cruz ID# R12294

Witness Signature _____

☐ Approved ☐ Not Approved Chief Administrative Officer Signature _____Postage applied in the amount of 4 dollars and 73 cents.

Distribution: Business Office, Offender

Certified Permitted
Printed on Recycled PaperDOC 0296 (Eff. 1/2006)
(Replaces DC 828)

3441615 1071

Postal Service

CERTIFIED MAIL RECEIPT

Certified Mail Only: No Insurance Coverage Provided

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 4.73 Extra Postage
Certified Fee	4.25
Return Receipt Fee (if Required)	
Signature Confirmation Fee (if Required)	
Postage & Fees	\$ 4.73

mailed
12-27-06

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Roger Walker, Jr.
1301 Concordia Ct.
P.O. Box 19277
Springfield, IL 62794-9277

Art 7005 1820 0005 3711 0064

COMPLETE THIS SECTION ON DELIVERY

- A. Signature RASIE ☐ Agent ☐ Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery _____
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below: _____
3. Service type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**ILLINOIS DEPARTMENT OF CORRECTIONS
HEARING OF ADMINISTRATIVE REVIEW BOARD
VIDEO CONFERENCE**

DATE OF HEARING: January 24, 2007

INSTITUTION: Pontiac Correctional Center, Pontiac, Illinois

GRIEVANT NAME: Jose Cruz, Register No. R12294

BOARD MEMBERS PRESENT: Sherry Benton, Administrative Review Board Chairperson, Office of Inmate Issues, Department of Corrections.

Grievant was personally interviewed by the Administrative Review Board. All information submitted to the Board by the Grievant, and the institution related to the issue being grieved, was reviewed. Issues warranting further action / consideration were discussed with the Pontiac Correctional Center administration.

Nature of Grievance: Offender Cruz is grieving a disciplinary report dated October 20, 2006 (observed 10/18/06), received at Stateville Illinois Correctional Center. Also, Staff Conduct (Excessive Force by R/O Cross).

Findings: The disciplinary report of October 20, 2006 regarding an incident which occurred on October 18, 2006 at 10:15 AM, was written by Officer Cross charging violation of DR504: 100-Violent Assault of any Person. Offender is charged with the following: On above date and approximate time while getting on inmate out for an interview, this inmate was informed of the interview and upon being cuffed thru chuckhole and opening the cell door, this officer was attacked by inmate Cruz R12294, with cuff in hand and a food tray striking this officer about the face and head. The disciplinary report was served on October 26, 2006 at 5:30 PM.

The Adjustment Committee Hearing (200604166/1-PON) was conducted at Pontiac Correctional Center on November 3, 2006 at 10:50 AM. The Adjustment Committee found the Grievant guilty of the charge. The recommended disciplinary action was: 1 year C-grade, indeterminate segregation, 1 year revocation of Good Conduct Credits, 6 months loss of audio/visual, 6 months loss of commissary and 6 months loss of contact visits. CAO concurred on November 13, 2006. This revocation is currently pending before the Prisoner Review Board.

Offender's Statement: He opened the door without authorization while I was in seg. He (R/O Cross) had the handcuffs like brass knuckles and struck me in the face. I had self-defense wounds from this. He was unprofessional and he falsified his report. I want a polygraph test and I'll pay for it. I was never informed of an interview and I was not handcuffed. I didn't have time to prepare for I/A or the Adjustment Committee.

This office reviewed the incident reports relative to this incident, contacted Mental Health Staff, Health Care Staff and Internal Affairs Staff.

Recommendations: Based on a review of all information and a compliance check of the procedural due process safeguards outlined in Department Rule 504, the Board is reasonably certain the Grievant committed the offenses, and therefore recommends the grievance be denied, as this office has no verifiable reason to discount the report, information reviewed or staff's comments. Charges of staff misconduct or unnecessary use of force is not substantiated.

FOR THE BOARD:

Sherry Benton
Sherry Benton
Administrative Review Board Chairperson
Office of Inmate Issues

CONCURRED:

Roger E. Walker, Jr.
Roger E. Walker, Jr.
Director

January 26, 2007

cc: Warden Eddie Jones, Pontiac Correctional Center
Jose Cruz, Register No. R12294

1 of 14 7:19:43

*BEGIN USING FROM BOTTOM UP

State of Illinois
Dept. of Corrections**PRESCRIPTION ORDER**
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

State of Illinois
Dept. of Corrections**PRESCRIPTION ORDER**
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

State of Illinois
Dept. of Corrections**PRESCRIPTION ORDER**
Chart Copy (Not a prescription)Patient CRUZ, Jose Reg. # 112294 Date: 10/17/11

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) DR. J. STAMPER M.D.☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.

DCA 7000

Noted by: _____

Date: _____

92601 I 4:47+3

(32)

NCC

✓

NCC

PAVED

DEPRENT 250.010 / CMC

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Health Status Transfer Summary

Transferring Facility:

S T A - N R C

Center

Off

R12294 CRUZ, JOSE

Age: 23

Race: WHI

NRC 10/17/2006

DOB: 06/26/1983

Sex: M

ID#:

Date: 10, 18, 06

Time:

32

Transfer Screening (completed by transferring facility health care staff): ☐ HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)Allergies: PKA - FISH Food Handler Approved:

Current / Acute Conditions / Problems:

Chronic Conditions / Problems:

Current Medications (name, dosage, frequency, and duration):

Acute Short-term:

Chronic Long-term:

Chronic Psychotropic: DEPAKENE 500mg Bid

Current Treatments:

Therapeutic Diets: REGULARFollow-Up Care: ROUTINEChronic Clinics: QSpecialty Referrals: Q Mental HealthSignificant Medical History: ILM ASSAULTED STAFF MEMBER 10/18/06 WAS SPRAYED E PERPER GASPhysical Disabilities / Limitations: QAssistive Devices / Prosthetics: Q☐ Glasses ☐ DenturesMental Health Issues: ☐ Hx Suicide Attempt: Date: 1/1/06☐ Hx Psych Med ☐ Hx MPC / STC Substance Abuse: ☐ Alcohol ☐ Drugs

K. D. GROTE, RN

Print Name and Title

[Signature]

Signature

10, 18, 06

Date

Reception Screening (completed by receiving facility health care staff):

Facility: PONTIAC

Date: 11, 17, 06

Time: 1045

☐ a.m.
☐ p.m.

Subjective:

Assessment:

Current Complaint: NONECurrent Medications/Treatment: DEPAKENE 500mg

Objective:

Physical Appearance/Behavior: Clean + Approp

Plan: Disposition:

☐ Health Information Given☐ Emergency Referral:☐ Sick Call: Urgent / Routine☐ Medication Evaluation☐ Therapeutic Diet☐ Special Housing☐ Chronic Clinics☐ Work / Program Limitation☐ Specialty Referrals☐ Other (specify):☐ Infirmary Placement:☐ HIV Test & Counseling Offered (only transfers from R&C)

Other (specify):

Deformities: Acute/Chronic: Dentures

T: _____ P: _____ R: _____ B/P: _____

no security

Birkel am7

Printed Name and Title

[Signature]

Signature

11, 17, 06

Date

For Adult Transition Center transfers only:

I understand that medical and dental care are my responsibility while I am housed in a transition center. I also understand that if I am in need of health care and I cannot afford to pay for it, I may be transferred back into a facility within the Department that can provide my medical, mental health, or dental needs.

Offender's Signature

Date

Time

☐ a.m. ☐ p.m.Distribution: Offender's Medical Record; Transferring Facility;
Receiving Facility

DOC 0090 (Rev. 1/2006)

EXHIBIT I
20726
92708

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Services Refusal

Stateville Correctional Center

☐ Employee☒ OffenderDate: 10.18.06
Time: 11:00 p.m.

Patient Information:

Cruz
Last Name First Name MI ID#: L12294☒ Refusal of Services

I refuse to authorize the performance upon myself or

of the following treatment

Cruz
Name of Patient
futures to R. palm of hand
State nature and extent of treatment.☐ Discharge Demand

I further demand DISCHARGE of myself or

from

Name of Medical Facility

against the advise of Dr.

Name of Patient

Name of Doctor

Dr. S. Williams, PA
Name of Doctor
has explained the risks to me, possible complications and probable consequences of refusing treatment or demanding discharge from this medical facility or both.I hereby release the Attending Physician, the Stateville CC
Name of Medical Facility
the Facility, and the Department of Corrections from all liability for damages or any injuries including to my health caused by or arising out of this refusal whether foreseen or unforeseen.

I certify that I have read and fully understand the above REFUSAL OF TREATMENT OR DISCHARGE DEMAND FROM MEDICAL FACILITIES RELEASE OR BOTH, that the explanations therein referred to were made, and that all blanks or statements requiring insertion or completion were filled in and inapplicable paragraphs, if any, were stricken before I signed.

Print Name of Patient

Signature of Patient

Date

When patient is a Minor or Incompetent to give consent:

Print Name of Person Authorized to Consent

Signature of Person Authorized to consent

Date

Print Name of Witness

Signature of Witness

Date

Cruz, b. 1/19/43 I 309226

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

allergies? none of meds

Cruz Jose ID# 12294

Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
10/18/06	PA NOTE	1. clean/debride
11A	Inmate brought from NRE by tact unit involved in staff assault. Refusing medical care. Just requesting shower. "I'm alright."	all abrasions / lacerations
		2. Tylenol 325mg " 846 pm pain
		3. Dental referral / evaluation
	States he's allergic to meds. but not aware of what. No allergy to tylenol.	4. pt/education/ reassurance
	→ D = gen = wd, wn, ned, hand	
	→ cutted behind back	
	→ skin = (L) hand palm	5. Recommend shower:
	→ laceration approx. 1cm	
	→ irregular in shape; (R) side face	6. RUC plan
	→ lateral to eye, in eyebrow	7. psych eval stat
	→ superficial laceration abrasion	23 pm
	→ mouth = abrasion / contusion noted	
	(L) lower lip, inner, approx 34mm	
	(R) upper lip, inner approx 45mm	
	swollen, tend to palp.	

Exhibit 1 11/9/06

92604 I 40726

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes
Stateville Correctional Center

Offender Information:

Cruz

Last Name

Jose

First Name

ID#:

R12294

Date/Time	Subjective, Objective, Assessment	Plans
10/18/06 11:00 A.	PA NOTE (CONT) D = (CONT) Hx = was RSR (Hx); lungs ctn (Hx) Heel = unable to evaluate 2° to SR pain Neuro = oriented x 3, states he cant remember his age. A = 1. laceration (L) palm 2. multiple abrasions/ contusions 3. conjunctival hemorrhage (L) eye 4. psych	
10/18/06 11:15 A.	Addendum "I think my teeth are coming out, but I'm okay. I had a GSW to lung at 12 y/o. I'm on psych meds and I'm supposed to be at Dixon, not here."	

Exhibit I 50926

Stateville Correctional Center

[illegible]

Exh. 6 of 26
I 60726

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

Cruz

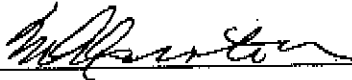

Last Name

JOSE

First Name

ID#:

R12294

Date/Time	Subjective, Objective, Assessment	Plans
10/18/06	RN Note	
11:30am	<p>I/m admitted on 12' strip cell status. He was escorted to STA Hall by TACT team due to I/m hitting C.O.'s a tray. I/m was thoroughly assessed in the ER where he refuses sutures to LT Palm. I/m was sprayed with pepper gas. He has some large areas of redness on arms, face, chest.</p> <p>^{Appendix}  Per Security</p> <p>I/m was given a shower & being escorted to STA as evidenced by the NW strip suit he had on. </p>	

9260 I 7.9.473

11/16/07

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmiry Progress Notes

Stateville Correctional Center

Offender information:

CRUZ

Jose

ID#: R12294

Last Name

First Name

MI

Date/Time	Subjective, Objective, Assessment	Plans
10/18/06 1:30 p	Psych- The patient is a 23y/o man who has been under 10 S.W.P. assault by officers. When interviewed, he said he didn't know why he was here and any psych process in Stateville a fundamental idea.	
	He has been on Depken 200mg po BID.	Plan: ① Administer 10.5 W outside soon
	For Bipolar II	② Depken 500mg po BID
	Considering changing premed/voluntary behavior, he is in need of under 10.5 W.P. 1 mg	③ W/V level in few days
	Unpredictable behavior	<i>[Signature]</i>

Exhibit I 8 of 26 9/2/06

2/1/07

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes
Stateville Correctional Center

Offender Information:

Cruz

JOSE

ID#: R12294

Last Name

First Name

MI

Date/Time	Subjective, Objective, Assessment	Plans
10/19/06	INFIRMARY ADMISSION SHEET	
2:30pm	S. (Complaints):	
	Reason for Admission: <i>STAFF ASSAULT</i>	
	Admitting Physician:	
	O. D.O.B. <i>6/26/83</i>	
	Age: <i>R</i> Wt: <i>R</i> Ht: <i>R</i> **	
	T: <i>R</i> P: <i>R</i> R: <i>R</i> B/P: _____	
	Allergies: <i>NKA</i>	
	Other Medical Conditions: <i>Refused</i>	
	Current Medications: <i>See mar</i>	
	Assistive Devices* <i>2</i>	
	Glasses: <i>2</i> Contact Lenses: <i>2</i> Artificial Eye: <i>2</i> Hearing Aid:	
	Dentures: <i>2</i> Artificial Limb: <i>2</i>	
	Paralysis: <i>2</i> Weakness: _____	<i>hbk</i>

Distribution: Offender's Medical Record * Check those items which apply
** May be stated if unable to measure

DOC 0084 (Eff. 9/2002)

Printed on Recycled Paper

(Replaces DC 7147)

Excel-Growfiles/Forms/Med. Prog. Notes Forms/Infirmary Admission Sh

92 fo 6 I 7.9.4x3

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes
Stateville Correctional Center

3

Offender Information:

Cruz

Jose

ID#: R 12274

Last Name

First Name

Date/Time	Subjective, Objective, Assessment	Plans
10/18/06	Skin:	P, Orientation to Unit /
7:52	Cleanliness: _____ Rashes: _____	Instructions given: <i>Mr</i>
	Blisters: _____ Lesions: _____	
	Scars: _____ Wounds: _____	
	Describe: Redness to FACE, arms & chest	
	From pepper gas	
	Color: *	
	Normal: <input checked="" type="checkbox"/> Pale: _____	
	Flushed: _____ Cyanotic: _____	
	Mental Status: *	
	Alert: <input checked="" type="checkbox"/> Semi-Conscious: _____	
	Confused: _____ Unconscious: _____	
	Mode of admission: Amb.	
	Speech and Communication: Clear	
	Deformities:	
	Other:	
	A: Admitting Diagnosis:	

Distribution: Offender's Medical Record

* Check those items which apply

DOC 0084 (Eff. 9/2002)

** May be stated if unable to measure

Printed on Recycled Paper

(Replaces DC 7147)

Excel-G:\wpfiles\Forms\Med. Prog. Notes Form\Infirm. Admission Sn

Exhibit I 10 of 26

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmiry Progress Notes

Stateville Correctional Center

Offender Information:

Cruz

Last Name

Jose

First Name

MI

ID#: R12294

Date/Time	Subjective, Objective, Assessment	Plans
10/18/06	Rd Note	
2:30 pm	Ipm made a full admission	
	Suicide Gown NOT AVAILABLE	
	Dr. Sany NOTIFIED	
10/18/06	MD NO5	Discharge the 10/18/06
4-12P	←	Transfer
		the 21M
		Event by mtg
		at Distinct
		POV
		photo taken

Exhibit 1-1914x3
11/01/06

EXHIBIT 1 180626

10 MINUTE SUICIDE WATCH
Stateville Correctional Center

Security Staff: This is the Suicide Watch Log for inmates being monitored in the Health Care Unit or in an appropriately equipped cell in a living unit. In Strip Cell status. Make visual, and when possible, verbal contact with the inmate registered below at each 10-minute interval and sign your initials next to the time of each contact. Indicate in the adjacent spaces provided whether, for example, inmate is awake, asleep, agitated, calm, etc. Use either side of log to describe any further relevant behaviors.

Inmate Name CP42

Today's Date 10-18-06

ID# 712244

Cell # M 130

3 shift Behavioral		7-3 shift Behavioral		3-11 shift Behavioral		3-11 shift Behavioral		11-7 shift Behavioral		11-7 shift Behavioral	
Initial	observation	Initial	observation	Initial	observation	Initial	observation	Initial	observation	Initial	observation
1:10 AM		11:10 AM	gag in cell	3:10 PM	@ Door	7:10 PM		11:10 PM		3:10 AM	
2:00 AM		11:20 AM	in bed	3:20 PM	@ Door	7:20 PM		11:20 PM		3:20 AM	
3:00 AM		11:30 AM	in bed	3:30 PM	@ Door	7:30 PM		11:30 PM		3:30 AM	
4:00 AM		11:40 AM	in bed	3:40 PM	@ Door	7:40 PM		11:40 PM		3:40 AM	
5:00 AM		11:50 AM	in bed	3:50 PM	@ Door	7:50 PM		11:50 PM		3:50 AM	
6:00 AM		12:00 PM	in bed	4:00 PM	@ Door	8:00 PM		12:00 AM		4:00 AM	
7:00 AM		12:10 PM	in bed	4:10 PM	@ Door	8:10 PM		12:10 AM		4:10 AM	
8:00 AM		12:20 PM	in bed	4:20 PM	@ Door	8:20 PM		12:20 AM		4:20 AM	
9:00 AM		12:30 PM	in bed	4:30 PM	@ Door	8:30 PM		12:30 AM		4:30 AM	
10:00 AM		12:40 PM	in bed	4:40 PM	@ Door	8:40 PM		12:40 AM		4:40 AM	
11:00 AM		12:50 PM	in bed	4:50 PM	@ Door	8:50 PM		12:50 AM		4:50 AM	
12:00 PM		1:00 PM	in bed	5:00 PM	@ Door	9:00 PM		1:00 AM		5:00 AM	
13:00 PM		1:10 PM	in bed	5:10 PM	@ Door	9:10 PM		1:10 AM		5:10 AM	
14:00 PM		1:20 PM	in bed	5:20 PM	@ Door	9:20 PM		1:20 AM		5:20 AM	
15:00 PM		1:30 PM	in bed	5:30 PM	@ Door	9:30 PM		1:30 AM		5:30 AM	
16:00 PM		1:40 PM	in bed	5:40 PM	@ Door	9:40 PM		1:40 AM		5:40 AM	
17:00 PM		1:50 PM	in bed	5:50 PM	@ Door	9:50 PM		1:50 AM		5:50 AM	
18:00 PM		2:00 PM	in bed	6:00 PM	@ Door	10:00 PM		2:00 AM		6:00 AM	
19:00 PM		2:10 PM	in bed	6:10 PM	@ Door	10:10 PM		2:10 AM		6:10 AM	
20:00 PM		2:20 PM	in bed	6:20 PM	@ Door	10:20 PM		2:20 AM		6:20 AM	
21:00 PM		2:30 PM	in bed	6:30 PM	@ Door	10:30 PM		2:30 AM		6:30 AM	
22:00 PM		2:40 PM	in bed	6:40 PM	@ Door	10:40 PM		2:40 AM		6:40 AM	
23:00 PM		2:50 PM	in bed	6:50 PM	@ Door	10:50 PM		2:50 AM		6:50 AM	
24:00 PM		3:00 PM	in bed	7:00 PM	@ Door	11:00 PM		3:00 AM		7:00 AM	

I certify that I have provided verbal and or visual contact with this inmate at the times indicated.

FICER (7-3) MP

OFFICER (3-11)

OFFICER (11-7)

LUNCH RELIEF OFF.

LUNCH RELIEF OFF.

LUNCH RELIEF OFF.

Completed Watch Logs are to be signed and turned in to the Sergeant.

SIGN YOUR NAME ABOVE AT THE END OF YOUR SHIFT

Form # applied for

9270 SI I 7'9'4x2

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

PONTIAC CORRECTIONAL Center

Transfer from Stateville
Nobles

Offender Information:

KRUZ

Last Name

June

First Name

ID#:

R12294

Date/Time	Subjective, Objective, Assessment	Plans
10-18-06	URGENT CARE VISIT	
605	DATE _____ TIME _____ VITAL SIGNS _____ B/P 128-88 P 99 R 18 WEIGHT 176	To Dr. Yurick/ D. McInsey RN
	One note	30 min crisis
	P- "I refused to give up my case I wanted to see the psych. I wanted my notes the officer beat me, and I hit him & blocked the hits. It went pay-pow-they pay. On the third hit I got him to ball up. I tried to drag the officer to the day room out in the open to get him." Voice no other C/O.	watch May have blocked jump suit mattress blankets Orders per security/major
MM L hand shot aperture beam 1cm cut no suture needed Scrapes	D- On D hand thumb 1cm cut-by 1-2 mm deep no suture needed also 1 1/2 cm abrasion of skin out of thumb- no sutures needed D side of face need 2 eye red scrapes/marks approx 1cm- shorts 1cm- total of 5 also slight swelling around eye- not bruised Smiling- laughing- happy	Quarley- 15 min security Watch & jump suit shoes blankets short mattress D. McInsey
	NOTE CON	

EXHIBIT I 14 of 26

2/17/06

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

PONTIAC CORRECTIONAL Center

Offender Information:

Kaut

Last Name

Jose

First Name

MI

ID#:

R12294

Date/Time	Subjective, Objective, Assessment	Plans
10/18/06	Out Note (cont)	
6 ⁰⁵	2 marks on neck approx 6 cm (2) scabs less than 1 cm apart & brown or marks 1- Transfer from Joliet - Jackson C. Murphy Out	
10/18/06	RN Note	
6 ⁰⁵	Cleanse laceration (R) hand Addressed offender to cleanse self when placed in cell. Respiration unlabored clear x 3 Speech clear non pressured Good eye contact. Laughing P. Murphy	

22-5-15-0728

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

PONTIAC CORRECTIONAL Center

Offender Information:

KRUZ

Last Name

Jose

First Name

ID#: R12294

MI

Date/Time	Subjective, Objective, Assessment	Plans
10-18-06 6:30p	RN Admission Note	p: CPM
	U: I/m admitted to Inf 22 for security placement Ambulatory, escorted by security, gait steady Lac noted to (R) hand. No c/o voiced. NAD noted.	
	A: Security placement/psych	Low Hailan
10/18/06	RN NOTE	
11pm	O: Lying quietly. Eyes closed. No problems noted	Perp
	A: Security placement/psych	Becker
10-19-06	RN Note	
740Am	O: Meal tray served. Outstand	
	S Complaints feel easy. Disress noted	
	John P. R.	

927091 I 719443

ILLINOIS DEPARTMENT OF CORRECTIONS
CRISIS CARE ORDERS
 Pontiac Correctional Center

OFFENDER NAME: Cruz, Jose NUMBER: R12294 CELL HOUSE: Inf # 22

SUICIDE WATCH ORDERS

- CHECKS EVERY 10 MINUTES
- ADDITIONAL ORDERS/CONDITIONS ORDERED BY THE MENTAL HEALTH PROFESSIONAL (MHP):

SHIFT COMMANDER NOTIFIED: _____ DATE/TIME: _____

ORDERING MHP: _____ DATE/TIME: _____

NURSE/ CRISIS TEAM MEMBER: _____ DATE/TIME: _____

CLOSE SUPERVISION WATCH ORDERS

- CHECKS EVERY 15 MINUTES - Security
- ADDITIONAL ORDERS/CONDITIONS ORDERED BY THE MENTAL HEALTH PROFESSIONAL (MHP):

SHIFT COMMANDER NOTIFIED: _____ DATE/TIME: _____

ORDERING MHP: _____ DATE/TIME: _____

NURSE/ CRISIS TEAM MEMBER: P. McKinsey RN DATE/TIME: 10/18/06

OBSERVATION WATCH ORDERS

- CHECKS EVERY 30 MINUTES
- ADDITIONAL ORDERS/CONDITIONS ORDERED BY THE MENTAL HEALTH PROFESSIONAL (MHP):

May have mattress, jump suit, blanket

Thirty minutes MH checks & report incl underwear, jump suit, blanket, mattress

SHIFT COMMANDER NOTIFIED: _____ DATE/TIME: _____

ORDERING MHP: Tto Dr. Garlick P. McKinsey DATE/TIME: 10/18/06

NURSE/ CRISIS TEAM MEMBER: P. McKinsey RN DATE/TIME: 10/18/06

22011-170726

Security
PlacementILLINOIS DEPARTMENT OF CORRECTIONS
CRISIS CARE PLACEMENT
Pontiac Correctional CenterINITIAL PLACEMENT DATE: 10-18-06 TIME: Approx 6:15 PM AUTHORIZED BY: Maj Quindley
(Print Name & Title)TYPE OF CRISIS WATCH: ☐ 10 - MINUTE ☒ 15 - MINUTE ☐ 30 - MINUTEOFFENDER NAME: Cruz NUMBER: R12294 DATE: 10-18-06 LIVING UNIT: H-22

TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)	TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)
6:15	in U/C	Yaeger	10:45	on Bed	Yaeger
6:20	Secured in H-22	Yaeger	11:00	on bed	Reed 12518
6:30	3 Higan Bed	Yaeger	11:15	on bed	Reed
6:45	Laying on Bed	Yaeger	11:30	on bed	Reed
7:00	Laying on Bed	Yaeger	11:45	on bed	Reed
7:15	at Door	Yaeger	12:00	on bed	Reed
7:30	at Door	Yaeger	12:15	on bed	Reed
7:45	on Bed	Yaeger	12:30	on bed	Reed
8:00	at Door	Yaeger	12:45	on bed	Reed
8:15	Laying on Bed	Yaeger	1:00	on bed	Reed
8:30	on Bed	Yaeger	1:15	on bed	Reed
8:45	on Bed	Yaeger	1:30	on bed	Reed
9:00	at Door	Yaeger	1:45	on bed	Reed
9:15	on Bed	Yaeger	2:00	on bed	Reed
9:30	on Bed at Cant	Yaeger	2:15	on bed	Reed
9:45	on Bed	Yaeger	2:30	laying on bed	Snyder 3393
10:00	on Bed	Yaeger	2:45	laying on bed	Snyder
10:15	on Bed	Yaeger	3:00	laying on bed	Snyder
10:30	on Bed	Yaeger	3:15	laying on bed	Snyder

7-3 SHIFT STAFF ASSIGNED: _____ (PRINT NAME & BADGE #) RELIEF BY: _____ (PRINT NAME & BADGE #)

3-11 SHIFT STAFF ASSIGNED: G. T. Osborn 220 (PRINT NAME & BADGE #) RELIEF BY: Yaeger 8848 (PRINT NAME & BADGE #)11-7 SHIFT STAFF ASSIGNED: T. Reed #12518 (PRINT NAME & BADGE #) RELIEF BY: Snyder 3393 (PRINT NAME & BADGE #)REVIEWING UNIT SUPERVISOR: W. B. Hall 3 JAB (PRINT NAME & BADGE #) DATE: 10-19-06 TIME: _____

NOTE: UPON EACH CRISIS STATUS CHANGE, A NEW SHEET MUST BE STARTED AND COMPLETED.

92/08/11/14/43

ILLINOIS DEPARTMENT OF CORRECTIONS
CRISIS CARE PLACEMENT
 Pontiac Correctional Center

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Security
 Placement

INITIAL PLACEMENT DATE: 10-18-06 TIME: 6:15 PM AUTHORIZED BY: Major Quinley
 (Print Name & Title)

TYPE OF CRISIS WATCH: ☐ 10 - MINUTE ☒ 15 - MINUTE ☐ 30 - MINUTE

OFFENDER NAME: Cruz NUMBER: R12294 DATE: 10-19 LIVING UNIT: H-22

TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)	TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)
3:30 A	Laying on bed	Snyder 3393	8:15 A	BOF I	Cair
3:45 A	Laying on bed	Snyder	8:30 A	BOF I	Cair
4:00	on Bed	Thomson	8:45	Back to H22	Cair
4:15	on Bed	Thomson	9:00 A	on Bed	Cair
4:30	on Bed	Thomson	9:00	Placed on 30min ✓ per Garlock	Cair
4:45	on Bed	Thomson	9:15 A		
5:00	on Bed	Thomson	9:30 A		
5:15	on Bed	Thomson	10:00 A		
5:30	on Bed	Thomson			
5:45	on Bed	Thomson			
6:00	on Bed	Thomson			
6:15	on Bed	Thomson			
6:30	on Bed	Thomson			
6:45	on Bed	Thomson			
7:00	on Bed	Cair			
7:15	Eating	Cair			
7:30	ON Bed	Cair			
7:45	on Bed	Cair			
8:00	BOF I	Cair			

7-3 SHIFT STAFF ASSIGNED: CAIR 5715 RELIEF BY: _____
 (PRINT NAME & BADGE #) (PRINT NAME & BADGE #)

3-11 SHIFT STAFF ASSIGNED: GT John 3422 RELIEF BY: _____
 (PRINT NAME & BADGE #) (PRINT NAME & BADGE #)

11-7 SHIFT STAFF ASSIGNED: GANNON 10366 RELIEF BY: Snyder 3393
 (PRINT NAME & BADGE #) (PRINT NAME & BADGE #)

REVIEWING UNIT SUPERVISOR: _____ DATE: _____ TIME: _____
 (PRINT NAME & BADGE #)

NOTE: UPON EACH CRISIS STATUS CHANGE, A NEW SHEET MUST BE STARTED AND COMPLETED.

9270 B I 190726

ILLINOIS DEPARTMENT OF CORRECTIONS
CRISIS CARE PLACEMENT
 Pontiac Correctional Center

INITIAL PLACEMENT DATE: 10-18-06 TIME: 6:45 AUTHORIZED BY: M. Quinley
 (Print Name & Title)

TYPE OF CRISIS WATCH: ☐ 10 - MINUTE ☐ 15 - MINUTE ☒ 30 - MINUTE

OFFENDER NAME: CR02 NUMBER: R12394 DATE: 10-18-06 LIVING UNIT: H22

TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)	TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)
9 ⁰⁰	Chained to 30 min Electric Per GARLICK	Cain	5 ⁰⁰	on Bed	Yaefer
9 ³⁰	AT Door	Cain	5 ³⁰	on Bed	Yaefer
9 ³⁰	on Bed	Cain	6 ⁰⁰	on Bed	Yaefer
10 ⁰⁰	on Bed	Cain	6 ³⁰	on Bed	Yaefer
10 ³⁰	on Bed	Cain	7 ⁰⁰	on Bed	Yaefer
11 ⁰⁰	on Bed	Cain	7 ³⁰	on Bed	Yaefer
11 ³⁰	EAT	Cain	8 ⁰⁰	on Bed	OK
12 ⁰⁰	AT Door	Cain	8 ³⁰	on Bed	OK
12 ³⁰	on Bed	Cain	9 ⁰⁰	@ Door	OK
1 ⁰⁰	on Bed	Cain	9 ³⁰	@ Door	OK
1 ³⁰	AT Door	Cain	10 ⁰⁰	@ Door	OK
2 ⁰⁰	Pacing (nervous)	Cain	10 ³⁰	@ Door	OK
2 ³⁰	on Bed	Cain	11 ⁰⁰	on bed	Reed 12518
3 ⁰⁰	@ Door	OK	11 ³⁰	on bed	Reed
3 ³⁰	@ Door	OK	12 ⁰⁰	on bed	Reed
4 ⁰⁰	on Bed	Yaefer	12 ³⁰	on bed	Reed
4 ³⁰	on Bed	Yaefer	1 ⁰⁰	on bed	Reed
5 ⁰⁰	on Bed	Yaefer			

7-3 SHIFT STAFF ASSIGNED: Cain 5715 RELIEF BY: _____
 (PRINT NAME & BADGE #) (PRINT NAME & BADGE #)

3-11 SHIFT STAFF ASSIGNED: Got Arbin 3016 RELIEF BY: Yaefer 8815
 (PRINT NAME & BADGE #) (PRINT NAME & BADGE #)

11-7 SHIFT STAFF ASSIGNED: Reed 12518 RELIEF BY: _____
 (PRINT NAME & BADGE #) (PRINT NAME & BADGE #)

REVIEWING UNIT SUPERVISOR: _____ DATE: _____ TIME: _____
 (PRINT NAME & BADGE #)

NOTE: UPON EACH CRISIS STATUS CHANGE, A NEW SHEET MUST BE STARTED AND COMPLETED.

Exhibit I 20 of 26

CRISIS CARE PLACEMENT

Pontiac Correctional Center

INITIAL PLACEMENT DATE: 10-18-06 TIME: 6:50 AUTHORIZED BY: Maj. Quinley
(Print Name & Title)TYPE OF CRISIS WATCH: ☐ 10 - MINUTE ☐ 15 - MINUTE ☒ 30 - MINUTEOFFENDER NAME: CIVZ NUMBER: R12299 DATE: 10-20-06 LIVING UNIT: H-22

TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)	TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)
1:30A	on bed	Read #12518	11:00	AT DOOR	P. Jany
2:00A	on bed	Read	11:30	Eating	P. Jany
2:30	ON BED	Jany	12:00	AT DOOR	P. Jany
3:00	ON BED	Jany	12:30	AT DOOR	P. Jany
3:30	ON BED	Jany	1:00	AT DOOR	P. Jany
4:00	on Bed	Jany	1:30	on toilet	P. Jany
4:30	on bed	Jany	2:00	ON BED	P. Jany
5:00	on Bed	Jany	2:30	AT DOOR	P. Jany
5:30	on Bed	Jany	3:00 pm	@ DOOR	W. Jany
6:00	on Bed	Jany	3:20	after talking loudly	St. Jany
6:30	on Bed	Jany	4:00 pm	EATING	W. Jany
7:00	on Bed	P. Jany	4:30 pm	SETTING ON TOILET	W. Jany
7:30	Eating	P. Jany	5:00 pm	ON BED	W. Jany
8:00	on Bed	P. Jany	5:30 pm	ON BED	W. Jany
8:30	on Bed	P. Jany	6:00 pm	ON BED	W. Jany
9:00	on Bed	P. Jany	6:30	on bed (side)	St. Jany
9:30	ON BED	P. Jany	7:00	on bed (side)	St. Jany
10:00	AT DOOR	P. Jany	7:30	on bed (side)	St. Jany
10:30	ON BED	P. Jany	8:00	ON BED	W. Jany

7-3 SHIFT STAFF ASSIGNED: 9/0 P. Jany 2204
(PRINT NAME & BADGE #)RELIEF BY: St. Jany 3040
(PRINT NAME & BADGE #)3-11 SHIFT STAFF ASSIGNED: W. Jany 383
(PRINT NAME & BADGE #)RELIEF BY: St. Jany 3040
(PRINT NAME & BADGE #)11-7 SHIFT STAFF ASSIGNED: Read #12518 / Jany 10166
(PRINT NAME & BADGE #)RELIEF BY: Jany 571
(PRINT NAME & BADGE #)REVIEWING UNIT SUPERVISOR: _____
(PRINT NAME & BADGE #)

DATE: _____ TIME: _____

NOTE: UPON EACH CRISIS STATUS CHANGE, A NEW SHEET MUST BE STARTED AND COMPLETED.

92 to 10 I 19.4x3

ILLINOIS DEPARTMENT OF CORRECTIONS
CRISIS CARE PLACEMENT
 Pontiac Correctional Center

INITIAL PLACEMENT DATE: 10-18-06 TIME: 6:15pm AUTHORIZED BY: MR. GARLICK
 (Print Name & Title)

TYPE OF CRISIS WATCH: ☐ 10 - MINUTE ☐ 15 - MINUTE ☒ 30 - MINUTE

OFFENDER NAME: CRUZ NUMBER: R17794 DATE: 10-20-06 LIVING UNIT: H-22

TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)	TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)
8:30pm	ON BED	W	6:40	on Bed	Garmon
9:00pm	ON BED	W	6:30	on Bed	Garmon
9:30pm	ON BED	W	7:00	on Bed	P. Jany
10:00pm	ON BED	W	7:30	AT DOOR	P. Jany
10:30pm	@ DOOR	W	8:00	AT DOOR	P. Jany
11:00pm	on bed	Reed #12514	8:30	on Bed	P. Jany
11:30pm	on bed	Reed	9:00	on Bed	P. Jany
12:00A	on bed	Reed	9:30	IN DOOR	P. Jany
12:30A	on bed	Reed	10:00	on Bed	P. Jany
1:00A	on bed	Reed	10:30	on Bed	P. Jany
1:30A	on bed	Reed	11:00	AT DOOR	P. Jany
2:00A	on bed	Reed	11:30	on toilet	P. Jany
2:30	ON BED	Garmon	12:00	AT DOOR	Cair
3:00	ON BED	Garmon	12:30	AT DOOR	Cair
3:30	ON BED	Garmon	1:00	on Bed	P. Jany
4:00	on Bed	Garmon	1:30	on Bed	P. Jany
4:30	on Bed	Garmon	2:00	on Bed	P. Jany
5:00	on Bed	Garmon	2:30	AT DOOR	P. Jany
5:30	on Bed	Garmon	3:00	@ DOOR	W

7-3 SHIFT STAFF ASSIGNED: CD Jany 2451 RELIEF BY: CAIR 5715
 (PRINT NAME & BADGE #) (PRINT NAME & BADGE #)

3-11 SHIFT STAFF ASSIGNED: WIDEMILLER #9383 RELIEF BY: STB 128-23
 (PRINT NAME & BADGE #) (PRINT NAME & BADGE #)

11-7 SHIFT STAFF ASSIGNED: Reed #12516 Garmon RELIEF BY: CAIR 5717
 (PRINT NAME & BADGE #) (PRINT NAME & BADGE #)

REVIEWING UNIT SUPERVISOR: _____ DATE: _____ TIME: _____
 (PRINT NAME & BADGE #)

NOTE: UPON EACH CRISIS STATUS CHANGE, A NEW SHEET MUST BE STARTED AND COMPLETED.

2260 26 I 7.9.4x3

CRISIS CARE PLACEMENT

Pontiac Correctional Center

INITIAL PLACEMENT DATE: 10-18-06 TIME: 6:53pm AUTHORIZED BY: M. J. Quinley
(Print Name & Title)TYPE OF CRISIS WATCH: ☐ 10 - MINUTE ☐ 15 - MINUTE ☒ 30 - MINUTEOFFENDER NAME: Cruz NUMBER: R12294 DATE: 10-21-06 LIVING UNIT: 14-22

TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)	TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)
3:30 pm	AT TANK	<i>[Signature]</i>	1:00	on bed	<i>[Signature]</i> 8831
4:00 pm	@ DOOR	<i>[Signature]</i>	1:30	on bed	<i>[Signature]</i>
4:30 pm	@ DOOR	<i>[Signature]</i>	2:00	on bed	<i>[Signature]</i>
5:00 pm	@ DOOR	<i>[Signature]</i>	2:30	laying on bed	<i>[Signature]</i> 3393
5:30 pm	@ DOOR	<i>[Signature]</i>	3:00	laying on bed	<i>[Signature]</i>
6:00 pm	@ DOOR	<i>[Signature]</i>	3:30	laying on bed	<i>[Signature]</i>
6:30 pm	ON BED	<i>[Signature]</i>	4:00	laying on bed	<i>[Signature]</i> 3438
7:00 pm	ON BED	<i>[Signature]</i>	4:30	laying on bed	<i>[Signature]</i> 3438
7:30 pm	ON BED	<i>[Signature]</i>	5:00	laying on bed	<i>[Signature]</i>
8:00 pm	ON BED	<i>[Signature]</i>	5:30	laying on bed	<i>[Signature]</i>
8:30 pm	ON BED	<i>[Signature]</i>	6:00	laying on bed	<i>[Signature]</i>
9:00 pm	ON BED	<i>[Signature]</i>	6:30	laying on bed	<i>[Signature]</i>
9:30 pm	ON BED	<i>[Signature]</i>	7:00	ON Bed	<i>[Signature]</i>
10:00 pm	ON BED	<i>[Signature]</i>	7:30	ON Bed	<i>[Signature]</i>
10:30 pm	@ DOOR	<i>[Signature]</i>	8:00	ON Bed	<i>[Signature]</i>
11:00	on bed	<i>[Signature]</i> 8831	8:30	ON Bed	<i>[Signature]</i>
11:30	on bed	<i>[Signature]</i>	9:00	ON Bed	<i>[Signature]</i>
12:00	on bed	<i>[Signature]</i>	9:30	ON Bed	<i>[Signature]</i>
12:30	on bed	<i>[Signature]</i>	10:00	ON Bed	<i>[Signature]</i>

7-3 SHIFT STAFF ASSIGNED: C/O P. J. J. 2254
(PRINT NAME & BADGE #)RELIEF BY: N/A
(PRINT NAME & BADGE #)3-11 SHIFT STAFF ASSIGNED: W. NEMTIER #9383
(PRINT NAME & BADGE #)RELIEF BY: _____
(PRINT NAME & BADGE #)11-7 SHIFT STAFF ASSIGNED: Noretta 8831
(PRINT NAME & BADGE #)RELIEF BY: Snyder 3393 / Vela 3438
(PRINT NAME & BADGE #)REVIEWING UNIT SUPERVISOR: lt.
(PRINT NAME & BADGE #)

DATE: _____ TIME: _____

NOTE: UPON EACH CRISIS STATUS CHANGE, A NEW SHEET MUST BE STARTED AND COMPLETED.

Exhibit I 23 of 28

ILLINOIS DEPARTMENT OF CORRECTIONS
CRISIS CARE PLACEMENT
 Pontiac Correctional Center

INITIAL PLACEMENT DATE: 10-18-06 TIME: 6:15 AUTHORIZED BY: Maj. Quinley
 (Print Name & Title)

TYPE OF CRISIS WATCH: ☐ 10 - MINUTE ☐ 15 - MINUTE ☒ 30 - MINUTE

OFFENDER NAME: CRUZ NUMBER: 212294 DATE: 10-23-06 LIVING UNIT: 14-22

TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)	TIME	ACTIVITY (NOTE BEHAVIOR & SPEECH)	SIGNATURE (SIGN LEGIBLY)
10:30 AM	ON Bed	R. Jones	8:30 PM	ATTN - QUIET	Folgy
11:15 AM	ON Bed	R. Jones	8:35 PM	AT DOOR - TALKING	Folgy
11:45 AM	ON Bed	R. Jones	9:00 PM	AT DOOR - QUIET	Folgy
12:00 PM	AT DOOR	R. Jones	9:30 PM	ON BED @ SIDE	Folgy
12:30 PM	AT DOOR	R. Jones	10:00 AM	ON BED @ SIDE	Folgy
1:00 PM	@ DOOR	R. Jones	10:30 AM	ON BED @ SIDE	Folgy
1:15 PM	AT DOOR	R. Jones	11:00 PM	on bed	Reed 12518
2:00 PM	AT DOOR	R. Jones	11:30 PM	on bed	Reed
2:30 PM	AT DOOR	R. Jones	12:00 AM	on bed	Reed
3:00 PM	AT DOOR	Folgy	12:30 AM	on bed	Reed
3:30 PM	AT DOOR	Folgy	1:00 AM	on bed	Reed
4:00 PM	GIVING BACK TALK AT DOOR	Folgy	1:30 AM	on bed	Reed
4:30 PM	ON TOILET	Folgy	2:00 AM	on bed	Reed
5:00 PM	AT DOOR - TALKING	Folgy	2:30 AM	laying on bed	Snyder 3393
5:30 PM	AT DOOR TALKING	Folgy	3:00 AM	laying on bed	Snyder
6:00 PM	AT DOOR TALKING	Folgy	3:30 AM	laying on bed	Snyder
6:30 PM	at Door Talking	Vogel	4:00 AM	on bed	Wills
7:00 PM	AT DOOR TALKING	Folgy	4:30 AM	on bed	Wills
7:30 PM	AT DOOR TALKING	Folgy	5:00 AM	on bed	Wills

7-3 SHIFT STAFF ASSIGNED: Co. P. Jones 2954
 (PRINT NAME & BADGE #)

RELIEF BY: Sgt. Jarrett 3111
 (PRINT NAME & BADGE #)

3-11 SHIFT STAFF ASSIGNED: Farmville 9335
 (PRINT NAME & BADGE #)

RELIEF BY: Vogel 8848
 (PRINT NAME & BADGE #)

11-7 SHIFT STAFF ASSIGNED: Reed #12518 / W. 66W 13705
 (PRINT NAME & BADGE #)

RELIEF BY: Snyder 3393
 (PRINT NAME & BADGE #)

REVIEWING UNIT SUPERVISOR: Ut. Dallas
 (PRINT NAME & BADGE #)

DATE: 10-23-06 TIME: 3:30

NOTE: UPON EACH CRISIS STATUS CHANGE, A NEW SHEET MUST BE STARTED AND COMPLETED.

92 to be I 1414x3

*BEGIN USING FROM BOTTOM UP

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Cruz Jose Reg. # R12294 Date: 10-21-06

Problem _____

ORDER: (Physician's Signature After Last Order) Depakene 500 mg po B.I.D.DEA/Illinois Lic. # _____ Physician (Print) L. ZHANG☐ May Substitute JS _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417Noted by: Y. Kanamori-Singh Date: 10-23-06State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient CRUZ, Jose Reg. # R12294 Date: 10/18/06

Problem _____

ORDER: (Physician's Signature After Last Order) Depakene 500mg po B.I.D. X 6wDEA/Illinois Lic. # _____ Physician (Print) [Signature]☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417Noted by: [Signature] Date: 10/18/06

226 987 19443

AFFIDAVIT

On October 18 of 2006, I, Vincent Anderson, was at Stateville Correctional

Center (NRC building). I was in segregation at the time and my cell-mate was Jose Cruz.

I witnessed the events that took place with Jose Cruz that occurred on 10-18-06.

I witnessed Jose Cruz asking to speak to a psych doctor. He was asking the wing officer by the name of Dennis Cross. He kept asking over and over to speak to a psych doctor. He then asked C/O Cross to speak to a Lt. and for grievances. My cell-mate was walking back and fourth and could not stay still.

Around lunch time, we were fed our lunch. My cell-mate Jose Cruz kept asking for a psych doctor, to speak with a lieutenant, and for grievances. C/O Cross came to pick up our trays through the food slot. Jose Cruz refused to give up his lunch tray and asked to see a psych doctor.

Officer Cross asked Jose Cruz for the lunch tray, (Jose Cruz still refused). Officer Cross became upset and called Jose Cruz names. At that time officer Cross opened our cell door. I sat on my bunk, which was the lower bunk. Officer cross put black leather gloves on his hands and placed his steel cuffs, as brass knuckles over one of his hands, and asked my cell-mate Jose Cruz for the lunch tray, in an angry tone of voice. My cell-mate, Jose Cruz, had the lunch tray behind his back (with both hands behind his back). My cell-mate stood quiet. Officer Cross approached Jose Cruz and struck Jose Cruz on the face area by his eye and began to swing again. At that moment, Jose Cruz blocked the second blow that was going towards his face once again. Jose Cruz swung the lunch tray towards Officer Cross' face area. Officer Cross grabbed Jose Cruz by the neck with

EXHIBIT J 1073

his hands, and began choking him. Jose Cruz dropped the lunch tray and began moving in a frantic way and began swinging and moving and striking Officer Cross in the face.

At that time Officer Cross let go of Jose Cruz' neck and tried to pick Jose Cruz up by the feet trying to slam him. He attempted to, but couldn't. Jose Cruz began screaming for help and was trying to get away from Officer Cross. At that point Jose Cruz was running towards the door and Officer Cross grabbed him and was dragging Jose Cruz away from the door. They began to wrestle and ended up in the outside of the cell. By that time other officers heard the screaming and yelling for Jose Cruz. As the other correctional officers came, they slammed Jose Cruz on the floor and cuffed him. As Jose Cruz was cuffed he was kicked, by officer cross and other correctional officers on his head, face, and body area.

While my cell-mate was beaten and still cuffed, he was sprayed with pepper spray in his mouth, eyes, and face area. At that time I started to cough and my eyes became watery and I had trouble breathing. I still could hear Jose Cruz' screams for help.

At that moment Officer Cross was placed on a stretcher and taken by nurses and Jose Cruz was dragged by other correctional officers, still screaming. Boot campers came and cleaned up all the blood and all areas where this incident occurred.

X Vincent Anderson
Vincent Anderson

Date: 3-30-08

X _____
Witness

Date: _____

Exhibit 5 of 3

AFFIDAVIT OF AFFIRMATION

I, Vincent Anderson, affiant, do hereby declare and affirm under penalty of perjury as defined in 735 ILCS 5/1-109, 28 USC 1746 or 18 USC 1621 that everything contained herein is true and accurate to the best of my knowledge and belief. I further declare and affirm that the contents of the foregoing document(s) is/are known to me and is/are accurate to the best of my knowledge and belief. Finally, I do declare and affirm that the matter at hand is not taken either frivolously or maliciously and that I believe the foregoing matter is taken in good faith.

Signed on this 30 day of March, 2008.

X Vincent Anderson
Affiant

Exhibit J 30 F3